



NASA Starport Summer Camp Registration Form



Which camp session(s) are you registering your child for?

- ☐ Session 1: June 4-8 ☐ Session 2: June 11-15 ☐ Session 3: June 18-22 ☐ Session 4: June 25-29 ☐ Session 5: July 9-13
☐ Session 6: July 16-20 ☐ Session 7: July 23-27 ☐ Session 8: July 30-Aug 3 ☐ Session 9: Aug 6-10

Child's Name: _____

Age: _____ Date of Birth: _____ Gender: ☐ Male ☐ Female

Name of NASA employee or contractor family member: _____

Relationship to child: _____

Custodial Parent/Guardian: _____ Relationship to child: _____

Home Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Work Phone: _____

Cell Phone: _____ TDL#: _____

E-mail address: _____ (For identification purposes)
Authorized to pick up child? ☐ Yes ☐ No

Additional Parent/Guardian: _____ Relationship to child: _____

Home Address: _____
If different than above (Street) (City) (State) (Zip)

Home phone: _____ Work Phone: _____

Cell Phone: _____ TDL#: _____

E-mail address: _____ (For identification purposes)
Authorized to pick up child? ☐ Yes ☐ No

-----Additional persons to be contacted in case of an emergency (if parents are not available)-----

Name: _____

Relationship to child: _____

Phone #: _____

Authorized to pick up child? ☐ Yes ☐ No

TDL#: _____

Name: _____

Relationship to child: _____

Phone #: _____

Authorized to pick up child? ☐ Yes ☐ No

TDL#: _____

A signed note from the child's physician stating that all immunization records are current and up to date is required before the child will be allowed to attend camp. Notes may be faxed to 281-244-2360 attn Shelly Haralson or emailed to shelly.t.haralson@nasa.gov. Actual immunization records will not be accepted.

For office use only:

Shots Note: ☐ Yes ☐ No Payment: ☐ CC ☐ Cash ☐ Check # _____ Amount Paid: _____



NASA Starport Summer Camp

Parent/Guardian Authorizations & Acknowledgements



Child's Name: _____

I understand that the Starport Summer Camp's supervision for my child begins when my child arrives at the facility and is checked in by Starport camp personnel. I understand that I am not to leave my child at a Starport program site unless released to a Starport camp staff person who is there to receive and supervise my child.

I understand that the Starport Summer Camp's responsibility for my child ends when an authorized adult has signed my child out from the camp program.

I understand that my child will not be released to any person not listed as "authorized to pick up child." I understand that additions to the "authorized to pick up my child" list must be made in writing and given to the camp director prior to the time this individual is scheduled to pick up the child. I also understand that any authorized person who arrives to pick up my child and exhibits behavior as if under the influence of drugs or alcohol will not be allowed to check out my child. Starport Summer Camp reserves the right to refuse the release of a child to any individual if the child will be in danger. The police and/or CPS may be contacted if other arrangements cannot be made.

If field trips are scheduled, my child has my permission to attend scheduled field trips.

My child has my permission to participate in activities that involve water while under the supervision of the Starport Summer Camp staff or its representatives.

My child has my permission to participate in outdoor activities, weather permitting, while under the supervision of the Starport Summer Camp staff or its representatives.

Starport Summer Camp has my permission to use photographs of my child participating in the Camp program for the purposes of advertisement or general informative articles concerning the Camp program.

I understand that the Starport Summer Camp staff and volunteers are not allowed to baby-sit or transport children at any time outside the Starport Summer Camp program.

I understand that state law mandates Starport Summer Camp to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

In the event that I cannot be reached to make timely arrangements in an emergency, permission is given to the Starport Summer Camp staff or their representatives to transport my child to the nearest medical facility and/or to secure the intervention of medical personnel deemed to be necessary treatment, including hospitalization.

I understand that all precautions will be taken to ensure the safety and health of my child. I further understand that neither Starport Summer Camp nor its representatives shall be held liable or responsible for medical treatment in such case of illness, accident, or other emergency situation as may occur while my child is participating in Starport Summer Camp programs.

Signature of Parent/Guardian

Date



NASA Starport Summer Camp

Preferences for Medical Treatment



Child's Name: _____ Hospital Preference: _____

Physician's Name: _____ Physician's Phone #: _____

Insurance Information

In order for us to provide your child with the best possible service it is recommended that you provide staff with a copy of your child's insurance card. If you elect not to do so, please complete this section.

Child's Insurance Company: _____ Policy #: _____ Phone #: _____

Policy Holder's Name: _____ Relationship to Child: _____

Medications and Restrictions

Please list any medications to be administered at camp*:

Please list any medications that are normally taken, but will not be administered at camp:

Please list any allergies:

Please list any activities that need to be limited or restricted while at camp:

*Separate form must be filled out when child is dropped off with medication being taken, dosage amount, and dosage times.

All medication to be administered at camp must be in the original container.

All medication is dispensed according to prescribed/recommended dosage and times stated on the original container.

NASA Exchange-JSC (Starport)

Waiver, Release and Hold Harmless Agreement

For and in consideration of my participation in programs provided by NASA Exchange-JSC (Starport), I hereby, for myself, my heirs; executors, insurers, successors, and administrators, assume any and all risk associated with my participation in this CAMP, Event or Activity including any and all events and activities staged by the organization NASA Exchange JSC (Starport), and unconditionally and voluntarily release and waive any and all rights and claims that I may now, or in the future, have against NASA Exchange-JSC (Starport) and their subsidiaries, agents, employees, directors, officers, representatives, contractors, sponsors, affiliates, successors and assignees, (collectively, the “RELEASED PARTIES”) arising out of my participation in the CAMP, Event or Activity and /or any related activities (such as activities staged and /or sanctioned by the CLASS)(collectively, the “Events”).

I hereby fully release and discharge the RELEASED PARTIES from any and all claims from injuries, death, damage or loss. I further agree to indemnify and hold harmless and defend the released parties from any and all claims, damages, liabilities and /or cost (including attorney’s fees) arising out of, connected with or in any way associated with my participation in the CAMP, Activity or Event.

I further agree to indemnify and hold harmless the United States, its agents and instrumentalities (including the NASA Exchange-JSC (Starport), and representatives, officers, and employees thereof, from any and all claims, demands, actions, debts, liabilities, judgments, and costs arising out of, claimed on account of, or in any manner predicated upon, the loss of or damage to property, or injury to or death of any person(s), in any manner caused or contributed to by any action or omission of the NASA Exchange-JSC (Starport), its contractors, agents, representatives, or employees.

This Document is intended to be as broad and inclusive as permitted by law, and if any portion is held invalid, it is agreed that the balance shall notwithstanding, continue in full legal force and effect. This document embodies the entire agreement with respect to these matters and supersedes any previous or contemporaneous negotiations or agreements. Each of the undersigned agrees that no promise or inducement has been offered except as herein set forth, and that this document has not been executed based upon statements or representations by any person or entity other than those set forth herein. I have been advised to contact an attorney prior to execution hereof. This document shall be governed by and construed under the law of the state of Texas without regard to conflicts of law principles therein.

Camper Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____